



### Professional Development Request Form

We are excited to provide affiliates professional development opportunities at their conferences and Professional Development Days. Please visit the NAEOP website to see a list of presenters, presentations, and webinars offered. Please complete and submit this form to [presidentelect@naeopboard.org](mailto:presidentelect@naeopboard.org) a minimum of 90 days prior to your event.

Presenter and Presentation Requested: \_\_\_\_\_

Alternate Presenter and Presentation Requested: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Requesting Association: \_\_\_\_\_

Event Location: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone Number: (cell) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_ (fax) ( ) \_\_\_\_\_

Email(s): \_\_\_\_\_

Participation requested (please check all that are applicable and list specific date, time and length of each event):

- Keynote Speaker: \_\_\_\_\_
- Workshop Leader: \_\_\_\_\_
- NAEOP Promotion: \_\_\_\_\_
- Installation: \_\_\_\_\_
- Video Welcome: \_\_\_\_\_
- Webinar(s): \_\_\_\_\_

#### On-Site Visit

Please list the expenses below your association will cover for this requested on-site professional development. We ask all requesting associations to consider paying as much of the total expenses incurred for the on-site visit as your budget allows.

<b>Expenses</b>	<b>Cost</b>
*Lodging	\$ _____
*Meals	\$ _____
*If your venue offers complimentary lodging or meals, please consider using for this request (notate cost as COMP)	
Travel	\$ _____
Other (please specify)	\$ _____
TOTAL	\$ _____

#### Virtual Visit

President's Video Welcome	\$ _____ Free _____
Group Webinar(s) - \$100	\$ _____
TOTAL	\$ _____

Submit completed form to [presidentelect@naeop.org](mailto:presidentelect@naeop.org) for approval

<b>Approval:</b> _____	<b>Date:</b> _____
------------------------	--------------------